BEST AVAILABLE COF

Lamont Hunter PCT International Division

(703) 305-3688

plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10/049285

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	890	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		*			X\$ 9=		OR	X\$18=	Ì	
INDEPENDENT CLAIMS) minus 3 =		*			X42=		OR	X84=		
M	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+140=		OR	+280=	1	
* 11	the difference	e in column 1 is	less than zero, enter "0" in co			column 2	L	TOTAL		OR	TOTAL	897	
	C	(Column 1)	MENDE	MENDED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* /5	Minus	**20	<u> </u>	= /		X\$ 9=		OR	X\$18=		
AME	Independent	* / ENTATION OF MI	Minus	*** C	CLAIM	= /		X42=		OR	X84=		
	FINOTPHEOL		JETH LE DE	LINDLINI	CLAIN		'	+140=		OR	+280=		
							L A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	01.4144	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	LITPLE DEF	PENDENI	CLAIM	<u> </u>	1	+140=		OR	+280=		
			٠				L Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	jan og state til til kalende til	CLAIMS REMAINING AFTER AMENDMENT	de Line	HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		ı	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													